_	<u> </u>	. PLACE OF DEATH a. COUNTY			4	CE (Where deceased li	ved. If institution:	Residence before edmission)
ı	_	b. CITY (If outside corporate limits, give TOWNSHIP	only) L	ength of stay in 1b	c. CITY	our I		Inside Limits
ı		TOWN ST. LOUIS, MO.		7 days	town St.	Louis, M	٥.	Yes 🔯 No 🗆
ı		c. FULL NAME OF (If NOT in hospital, give location))	Inside Limits	d. STREET ADDRESS		, give location)	Reside on Farm
I		HOSPITAL OR INSTITUTION ST. LOUIS CITY HO	SP.# 1.	Yes 💆 No 🗆	21	2 Ferry S	t.	Yes 🗆 No 💢
ı	3	NAME OF DECEASED First (Type or print) LUC TILE	Mid		Last	1 00	lonth Day	Year
ı		(type of pinn) DOG TIME	C.	• P	DRK	DEATH OCTOB		1960
ı		sex 6. color or race 7 Female White	7. Married ☐ Widowed 🔂	Never Married ☐ Divorced ☐	6/ 14/189	9. AGE (last birthday) IF UNDER 1 YEAR Months Days	Hours Min
ł					1'	City and state or country) 12. CITIZEN OF	WHAT COUNTRY
ſ		during most of working life, even if retired)	Номе		1	diana	U.S.	THE COUNTRY
	134	HOUSEWITE a. FATHER'S NAME	13b. MOTI	HER'S MAIDEN NAME			HUSBAND OR WIFE	
ı		Hamilton Russell	Ma	argaret Q	uick	Lee	e Mork	
ı	15.	i. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCI	IAL SECURITY NO.	17. INFORMANT		Address	
ı		es, go, or unknown) (If yes, give war or dates of serv			<u>Katherine</u>	Lozier 10	<u> </u>	efontai
ı		18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	for'(a), (b), an: ريس	d (c).			OI IN	ITERVAL BETWEEI NSET AND DEATI
		IMMEDIATE CAUSE (a)	He.	monkag	2			week
	Hast. Office.							
l		Conditions, if any, which gave rise to DUE TO (b)	<u> </u>	asine 1	ulle			weep
I		above cause (a), stating the under- tying cause last. DUE TO (c)				5400	2	
ı	ĕ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						
ı	CATION		Lie	mucist	inhoris	6	☐ Yes 😥	<i></i>
	CERTIF	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE PERFORMED?	HOMICIDE	20ь. DESCRIBE HOV	V INJURY OCCURRED.	(Enter nature of injury	in PART I or PART II	of item 18.)
	MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m., p.m.						
		20d. INJURY OCCURRED WHILE AT WORK CONTROL NOT WHITE WAY WORK CONTROL NOT WORK CONTROL NOT WHITE WAY WORK CONTROL NOT WHITE WAY WORK CONTROL NOT WORK CONTROL NOT WHITE WAY WORK CONTROL NOT WORK CONTROL NOT WHITE WAY WORK CONTROL NOT WORK CONTROL NOT WHITE WAY WORK CONTROL NOT WORK CONTROL NOT WORK CONTROL NOT WHITE WAY WORK CONTROL NOT WORK CONTROL NOT WORK CONTROL NOT WAY WORK CONTROL NOT W	INJURY (e.g., i ery, street, office	n or about home, 21 e bldg., etc.)	of. CITY, TOWN, OR	LOCATION	COUNTY	STATE
		21. I attended the deceased from OCTOBER 13,1960 , to OCTOBER 20,1960 and last saw her him alive on OCTOBER 20,1960 Death occurred at						
1		Death occurred at		m on the		na to the best of my kn	owledge, from the co	
		22a. SIGNATURE (Degree)	the /	MD.	22b. ADDRESS 1515 L	AFAYETTE AVI	3	10/20/19
		a, BURIAL, CREMATION, / 23b. DATE	23c/NAME OI	F CEMETERY OR CREA	MATORY 23	3d. LOCATION (City, to	wn, or county)	(State)

STATEMENT BY LICENSED EMBALMER

Licensed Embalmer No

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed
or by	, Student Embalmer No
working under my personal supervision.	P. AP
StudentSignature of Student Embalmer	_ signed Foron E. Sercy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.